

## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

07/01/2011

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:

NYR000182931

INSTALLATION NAME:

NYC DEPT OF ED - PUBLIC SCHOOL 32Q

INSTALLATION ADDRESS:

171-11 35TH AVE FLUSHING, NY 11358

MAILING ADDRESS:

30-30 THOMSON AVE LONG ISLAND CITY, NY 11101

EPA Form 8700-12AB (4-80)

USEPA - REGION 2 RCRA Programs Branch 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-4437

TO: NYC DEPT OF ED - PUBLIC SCHOOL 32Q

or Current Occupant

ATTN: ALEXANDER LEMPERT

30-30 THOMSON AVE

LONG ISLAND CITY, NY 11101



STATE OF THE STATE	
ID number	
)	
us waste, or equivalent	
	3
	Pur
	8 5
Other Other	かみ
	#0
	C.D
	2 Pur
	gar
	Ž
5, 1939	2
Other	Har.
	E
5, 1939	pol
Other.	M

6			(	Newbt	)			
EX	OMB# 2050-0024; Expires 11/30/2011				MENTAL PROTECTION			
505	FC Th Sta	END DMPLETED DRM TO: e Appropriate ate or Regional fice.	United States RCRA SUBTIT	s Environm LE C SITE	ental Protection Age	IN24 PM 1: 12 RARMROGRAMS BRANCH	PROTECTION OF THE PROPERTY OF	
	1.	Reason for Submittal	Reason for Submittal:  To provide an Initial Notificatio for this location)	n (first time su	ıbmitting site identification ir	nformation / to obtain an EP	A ID number	
		MARK ALL BOX(ES) THAT APPLY	☐ To provide a Subsequent Notif☐ As a component of a First RCF☐ As a component of a Revised	RA Hazardous	Waste Part A Permit Applie	cation	)	
			As a component of the Hazard					
			Site was a TSD facility and/ >100 kg of acute hazardous LQG regulations)	or generator of waste spill c	of ≥1,000 kg of hazardous w eanup <u>in one or more mont</u>	raste, >1 kg of acute hazard hs of the report year (or Stat	ous waste, or e equivalent	
S	2. Site EPA ID Number   N Y R O O O   182 931							
8	3.	Site Name	Name: NYC Dept. of ED - Public S	chool 32Q				
1	4.	Site Location Information	Street Address: 171-11 35 Avenue					
2				lushing		County: Queens		
3	5.	Site Land Type	State: New York  Private County Distri	Country: U		Zip Code: 11358  Tribal Municipal State Other		
2	6.	NAICS Code(s)			C.		- Other	
for the Site (at least 5-digit codes)  B.			D					
1	7.	Site Mailing	Street or P.O. Box: 30-30 Thomson	Avenue				
and		Address	City, Town, or Village: Long Island C	City		<u> </u>		
2	_		State: NY	Country: U		Zip Code: 11101		
h	8.	Site Contact Person	First Name: Alexander Title: Director	MI:	Last: Lempert			
Z			Street or P.O. Box: 30-30 Thomson	Avenue				
a.			City, Town or Village: Long Island C					
3			State: NY	Country: U	.S.	Zip Code: 11101		
State: NY Country: U.S. Zip Code Email: ALEMPERT@nycsca.org								
16			Phone: 718-472-8501	Ex	7000 7000	Fax: 718-472-8500		
0	9.	and Operator	A. Name of Site's Legal Owner: New	York City De	ept. of Education	Date Became January 2	25, 1939	
3			Owner Type: Private County  Street or P.O. Box: 30-30 Thomson A	District  Avenue	Federal Tribal	Municipal State	Other	
60			City, Town, or Village: Long Island C		CONTRACTOR	Phone: 718-472-8501		
State: NY Country: U.S.			J.S.	Zip Code: 11101				
			B. Name of Site's Operator: New York City Dept. of School Facilities  Date Became Operator:  January 25, 1939				25, 1939	
			Operator Type: Private County	☐ District	Federal Tribal	Municipal State	Other	

EPA ID Num	nber					OMB#: 2050-0024; Expires 11/30/2011
<ol> <li>Type of Regulated Waste Activity (at your site)</li> <li>Mark "Yes" or "No" for all <u>current</u> activities (as of the date submitting the form); complete any additional boxes as instructed.</li> </ol>						
A. Hazardo	us Wa	ste Activiti	es; Complete all parts 1-7.			
YN			of Hazardous Waste ark only one of the following – a, b, or c.		Y N N	Transporter of Hazardous Waste     If "Yes", mark all that apply.
	Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.			<ul> <li>a. Transporter</li> <li>b. Transfer Facility (at your site)</li> <li>3. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste permit is required for these activities.</li> <li>4. Recycler of Hazardous Waste</li> </ul>		
	× b.	SQG:	100 to 1,000 kg/mo (220 – 2 acute hazardous waste.	2,200 lbs./mo) of non-		
	_	CESQG:	Less than 100 kg/mo (220 lb hazardous waste.	•	Y N N	<ul> <li>5. Exempt Boiler and/or Industrial Furnace         If "Yes", mark all that apply.         a. Small Quantity On-site Burner         Exemption     </li> </ul>
Y□N ⊠		Short-Terr	m Generator (generate from a t and not from on-going proce n explanation in the Commen	a short-term or one- esses). If "Yes",		b. Smelting, Melting, and Refining Furnace Exemption
Y N N	e.		ates Importer of Hazardous V		YDNX	6. Underground Injection Control
Y N X	f.	Mixed Wa	ste (hazardous and radioacti	ive) Generator		7. Receives Hazardous Waste from Off-site
					I had IN had	7. Reserves Hazardous Waste Helli Oli-Site
B. Universal Waste Activities; Complete all parts 1-2.			C. Used Oil Activities; Complete all parts 1-4.			
,			Y 🗖 N 🗵	<ul> <li>1. Used Oil Transporter If "Yes", mark all that apply.</li> <li>a. Transporter</li> <li>b. Transfer Facility (at your site)</li> </ul>		
Y 🗖 N 🛭	₹ 2.	d. Lamps e. Other ( f. Other ( g. Other ( Destination	des y containing equipment		Y 🗖 N 🗵	<ul> <li>2. Used Oil Processor and/or Re-refiner If "Yes", mark all that apply.</li> <li>a. Processor</li> <li>b. Re-refiner</li> <li>3. Off-Specification Used Oil Burner</li> <li>4. Used Oil Fuel Marketer If "Yes", mark all that apply.</li> <li>a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner</li> <li>b. Marketer Who First Claims the Used Oil Meets the Specifications</li> </ul>

EPA ID Numbe	er			OM	B#: 2050-0024; Ex	xpires 11/30/2011
D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K						
❖ You m 262 S	nust_check with your § ubpart K	State to determine if y	ou are eligible to ma	nage laboratory haza	rdous wastes pursua	nt to 40 CFR Part
See the	1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply: a. College or University					
	aching Hospital that is	s owned by or has a f	formal written affiliation	on agreement with a c	college or university	
	n-profit Institute that i					
2. Withdraw	ving from 40 CFR Par	t 262 Subpart K for th	ne management of ha	azardous wastes in la	boratories	
11. Description	of Hazardous Waste	е				
your site. Li	A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.					
Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.						
B004						
B007						

EF	PA ID Nun	nber		OMB#: 2050-0024; Expires 11/30/2011		
12. Notification of Hazardous Secondary Material (HSM) Activity						
Υ	Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?					
		If "Yes", you <u>must</u> fill out the Adder Material.	ndum to the Site Identification Form: Notification	for Managing Hazardous Secondary		
13.	Comme	nts				
14.	<b>Certification.</b> I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).					
Signature of legal owner, operator, or an authorized representative			Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)		
			Alexander Lempert, Director	06/23/2011		